

North Carolina Division of Motor Vehicles  
3155 Mail Service Center  
Raleigh, North Carolina 27699-3155

## APPLICATION FOR A **TOBACCO HERITAGE** LICENSE PLATE

**Remit a \$10.00/\$40.00 check or money order with this application.**

☐ Regular Tobacco Heritage \$10.00

☐ Personalized Tobacco Heritage \$40.00

**NOTE:** You are allowed four (4) spaces for a personalized message.                                   **T  
H**

**The \$10.00/\$40.00 special fee is an (ANNUAL) fee due in addition to the regular license fee.**

**Home**

\_\_\_\_\_  
AREA CODE--TELEPHONE NUMBER

**Office**

\_\_\_\_\_  
AREA CODE--TELEPHONE NUMBER

NAME (To agree with certificate of title)

\_\_\_\_\_  
FIRST

\_\_\_\_\_  
MIDDLE

\_\_\_\_\_  
LAST

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
CITY

\_\_\_\_\_  
STATE

\_\_\_\_\_  
ZIP CODE

Current North Carolina

\_\_\_\_\_  
PLATE NUMBER

\_\_\_\_\_  
VEHICLE IDENTIFICATION NUMBER

\_\_\_\_\_  
DRIVER LICENSE #

\_\_\_\_\_  
YEAR

\_\_\_\_\_  
MODEL

\_\_\_\_\_  
MAKE

\_\_\_\_\_  
BODY STYLE

### Owner's Certification of Liability Insurance

I CERTIFY FOR THE MOTOR VEHICLE DESCRIBED ABOVE THAT I HAVE FINANCIAL RESPONSIBILITY AS REQUIRED BY LAW.

\_\_\_\_\_  
PRINT OR TYPE FULL NAME OF INSURANCE COMPANY AUTHORIZED IN N.C. – NOT AGENCY OR GROUP

\_\_\_\_\_  
POLICY NUMBER – IF POLICY NOT ISSUED, NAME OF AGENCY BINDING COVERAGE

\_\_\_\_\_  
SIGNATURE OF OWNER

\_\_\_\_\_  
DATE OF CERTIFICATION

